Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 1 of 60 c:\documents and settings\lewing\local settings\temp\142702571.tif printed by mivap. (Page 1 of 1)

Scanned by CHURCH, DENISE A CCA in facility POLUNS	(Y (TL) on 06/02/2010 11:48	01-00 May 252010	160-08 6/ 05/10
r. Zond,		WIA: 2020W	
You sent me back my sickcall requestir	ng that my Prilosec/Omepre	ezolle be renewed	saying it was
renewed for 30 days with 11 refills. Y	et the pill dispensing wo	omen say that the	ey can't see it on
the sheet in the book that they go by	when they fill out the pr	escripcions ever	y day. They say
that my prescription expires June 12,	2010 and that's it, no re	efills. Even wher	n I showed the
sickcall with your signature on it the	ey say that they have to	go by what's on t	that sheet of
paper in that big pill binder. Could	you please straighten this	s out? Thank you.	•
 			
	Perus & Quetio		
Name: Perry Allen Austin	No: 999410	Unit: Pol	ınsky
Living Quarters: 12CC39 2-Row	Work Assignment:		
DISPOSITION: (Inmate will not write in this space)			
omoprassily was recowed in 5	13/10 WITH URCETUS.		
accontinue 3/23/2	-		
TO THE POINT			

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 2 of 60 c:\documents and settings\lewing\local settings\temp\141698390.tif printed by mivap. (Page 1 of 1)

Scanned by MILLER, KELLIE L CCA in facility POLUNSKY (TL) on 05/14/2010 11:43

TEXAS	DEPARTMENT OF CRIP HEALTH SERVICES D	IVISION
PART A: (To be completed by offender)	SICK CALL REQU	Date: May 12, 2010
Offender's Name: Perry Allen Austin		TDCJ No.: 99941D
Work Assignment:		Work Hours:
	School Hours:	HOIR HOURS.
	Dental Mental He	alth
		ofen prescription. My back (bone gours) are really
		he Salsalate closs nothing to help at all
	Hours:	Days: 3
ability to pay this fee.	Signature of Offend	be provided access to health services regardless of my
PART B: (To be completed by medical per Medical Reply:	rsonnel Do not write below	v this line)
	mg tabs	
one tab oral	twice darly To	the as keeded. Refills 2
Medical Staff Men	iber's Signature	Pate /
○HSA-9 (Rev. 5/97)		II MY I NO PERGUE

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 3 of 60

c:\documents and settings\llewing\local settings\temp\141708217.tif printed by mivap. (Page 1 of 1) Scanned by MILLER, KELLIE L CCA in facility POLUNSKY (TL) on 05/14/2010 12:37 TEXAS DEPARTMENT OF CRIMINAL JUSTICE MAY 1 4 2010 **HEALTH SERVICES DIVISION** SICK CALL REQUEST PART A: (To be completed by offender) Date: May 13 2010 Offender's Name: Perry Allen Austin TDCJ No.: 999410 Work Assignment: Work Hours: Wing No.: 12CD53 School Hours: Service needed: Medical Dental Mental Health Other: Reason for Health Services Appointment: Please renew my omegrazale prescription. It's suppose How long have you had this problem? Hours: Days: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. PART B: (To be completed by medical personnel -- Do not write below this line) Omeonazole 20 ma Do bid x30 daus Medical Reply: Medical Staff Member's Signature ⇔HSA-9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 4 of 60 c:\documents and settings\llewing\local settings\temp\131761963.tif printed by mivap. (Page 1 of 1)

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

sc-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)		Date: November 16, 2009
Offender's Name: Perry Allen Austin	n	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: 12CD53	School Hours:	
	Dental	Other:
Reason for Health Services Appointment:	Please renew my prescription hurting more than usual became	for Ibuprofen. My back has been use of the bone spurs. Thank you.
How long have you had this problem?	Hours:	Days: Years
•		nt criteria, I understand that my trust fund
•		nt criteria, I understand that my trust fund d access to health services regardless of my cc:file
will be charged a \$3.00 copayment fee.	I also understand that I will be provide Levy O Gupto Signature of Offender ersonnel Do not write below this line)	d access to health services regardless of my
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical pe	I also understand that I will be provide Leun Q Gupto Signature of Offender ersonnel Do not write below this line)	d access to health services regardless of my cc:file

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 5 of 60 c:\documents and settings\lewing\local settings\temp\131761811.tif printed by mivap. (Page 1 of 1)

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

sc-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)		Date: November 16, 2009
Offender's Name: Perry Allen Austin	n	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: 12CD53	School Hours:	***************************************
Service needed: X Medical	Dental	Other:
Reason for Health Services Appointment:	Please renew my prescription hurting more than usual beca	for Ibuprofen. My back has been use of the bone spurs. Thank you.
How long have you had this problem?	Hours:	Days: Years
		nt criteria, I understand that my trust fund ed access to health services regardless of my
		•
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical pe	I also understand that I will be provide Levy O Quete Signature of Offender ersonnel Do not write below this line	cc:file
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical perfect the second	I also understand that I will be provide Cum O. Cupt. Signature of Offender ersonnel Do not write below this line	cc:file
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical pe	I also understand that I will be provide Cum O. Cupt. Signature of Offender ersonnel Do not write below this line	cc:file

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 6 of 60 c:\documents and settings\lewing\local settings\temp\131760718.tif printed by mivap. (Page 1 of 1)

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

sc-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)		Date: November 16, 2009
Offender's Name: Perry Allen Austin	n	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: 12CD53	School Hours:	
Service needed: X Medical	Dental	☐ Other:
Reason for Health Services Appointment:	Please renew my prescription hurting more than usual became	for Ibuprofen. My back has been use of the bone spurs. Thank you.
How long have you had this problem?	Hours:	Days: Years
ability to pay this fee.	Perus a. austra	
	() Signature of Offender	cc:file
PART B: (To be completed by medical po		
PART B: (To be completed by medical permedical Reply:	ersonnel Do not write below this line)	
	ersonnel Do not write below this line)	
Medical Reply: 1) lib lo 9	ersonnel Do not write below this line)	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 7 of 60 c:\documents and settings\lewing\local settings\temp\131762637.tif printed by mivap. (Page 1 of 1)

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

SC-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)		Date: November 16, 2009
Offender's Name: Perry Allen Austin	n	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.:12CD53	School Hours:	
	Dental	Other:
Reason for Health Services Appointment:	Please renew my prescription hurting more than usual becau	for Ibuprofen. My back has been use of the bone spurs. Thank you.
How long have you had this problem?	Hours:	Days: Years
		nt criteria, I understand that my trust fund d access to health services regardless of my
will be charged a \$3.00 copayment fee.	I also understand that I will be provided Levy O Quete Signature of Offender ersonnel Do not write below this line)	access to health services regardless of my
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical possible for the complete for	I also understand that I will be provided Leun Q Quote Signature of Offender ersonnel Do not write below this line)	cc:file

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 8 of 60 c:\documents and settings\llewing\local settings\temp\131762160.tif printed by mivap. (Page 1 of 1)

Scanned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 11/19/2009 08:50

sc-010/11/09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)		Date: November 16, 2009
Offender's Name: Perry Allen Austin	<u> </u>	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: <u>12CD53</u>	School Hours:	
Service needed: X Medical	Dental	Other:
Reason for Health Services Appointment:	Please renew my prescript hurting more than usual b	ion for Ibuprofen. My back has been ecause of the bone spurs. Thank you.
How long have you had this problem?	Hours:	Days: Years
will be charged a \$3.00 copayment fee.		yment criteria, I understand that my trust fund wided access to health services regardless of my
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical pe	I also understand that I will be pro Levy Q Quoto Signature of Offender ersonnel Do not write below this	cc:file
will be charged a \$3.00 copayment fee. ability to pay this fee.	I also understand that I will be pro Levy Q Quoto Signature of Offender ersonnel Do not write below this	cc:file
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical pe	I also understand that I will be pro Leun Q. Queta Signature of Offender ersonnel Do not write below this	cc:file
will be charged a \$3.00 copayment fee. ability to pay this fee. PART B: (To be completed by medical permetrical permetrical Reply:	I also understand that I will be pro Leun Q. Queta Signature of Offender ersonnel Do not write below this	cc:file

c:\documents and settings\liewing\local settings\temp\124004878.tif printed by mivap. (Page 1 of 1)

ned by COOLEY, IACKSON, SHANINGNI, COA.; ()	are non-location
ned by COOLEY-JACKSON, SHANNON L CCA in facility POLUNSKY (TL) on 07/08/2 TEXAS DEPARTMENT OF CRIMINAL	2009 15:11 SC-008/06/09
HEALTH SERVICES DIVISIO SICK CALL REQUEST	
PART A: (To be completed by offender)	Date: July 02, 2009
Offender's Name Perry Allen Austin	TDCJ No. : 999410
Work Assignment:	Work Hours:
Wing No.: 12CD53 School Hours:	
Service needed: XX Medical Dental Mental Health C	Other:
Reason for Health Services Appointment: Experiencing a bad earach	ne in my left ear.
How long have you had this problem? Hours:	Days :3
In accordance with state law, if this visit meets offender health care copay	yment criteria, I understand that my trust
In accordance with state law, if this visit meets offender health care copay fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee. Levy O. Quello Signature of Offender	yment criteria, I understand that my trust
In accordance with state law, if this visit meets offender health care copay fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee.	wment criteria, I understand that my trust be provided access to health services cc:file

c:\documents and settings\llewing\local settings\temp\122199369.tif printed by mivap. (Page 1 of 1)

Scanned by MILLER, KELLIE L RDA in facility POLUNSKY (formerly TERRELL) on 06/08/2009 06:20

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST SC-007/05/09 MAY 312000

PART A: (To be completed by offender)	Date: Ma	y 29, 2009
Offender's Name Perry Allen Aust	in TDCJ No	: 999410
Work Assignment:	Work Ho	ours:
Wing No.: 12BC35	School Hours:	
Service needed: ¾¥Medical □ Denta	l	
	I <u>need my prilosec scrip renewed, me</u> knees and legs. This is my second r	
How long have you had this problem?	Hours:I	Days :
regardless of my ability to pay this fee	Levy b. West	cess to neutin services
	Signature of Offender	cc:file
PART B: (To be completed by medical p Medical Reply: Mart Newew Weld profile		
PART B: (To be completed by medical popular Medical Reply: Mart Merical Part Medical Staff Men	ersonnel Do not write below this line) Imegrazzle is Current. Tro	

c:\documents and settings\liewing\local settings\temp\119323790.tif printed by mivap. (Page 1 of 1)

SC-001/04/09 Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 04/17/2009 10:53 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST APR 1 7 2009 Date: 04-16-09 PART A: (To be completed by offender) Offender's Name: Perry Allen Austin TDCJ No. 999410 Work Assignment: Work Hours: Wing No.: 128C35 **School Hours** Service needed: □ Medical ☐ Mental Health & Other MAIL CLIPPES □ Dental Reason for Health Services Appointment I need to chip my toe How long have you had this problem? Days :__ Hours In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. PART B: (To be completed by medical personnel -- Do not write below this line) Medical Reply: Date Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

c:\documents and settings\llewing\local settings\temp\112940401.tif printed by mivap. (Page 1 of 1)

Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 12/16/2008 14:55

SUBJECT: State briefly the problem on which you desire assistance.

DEC 1 1 2008 I am attempting to resolve a problem with my medication. I get tomg. of Prilosec twice a day, once around midnight and once around 12pm noon. At approximately 12am midnight on 12/04/08 I was not given my medication. The nurse said she would check and come back. She never did. bn/12/05/08 I was mot given my noon medication. On 12/05/07 I was not given my noon medication until I had complained to Mr. Miller, the male nurse. He said that some had bolor coded it wrong. On 12/07/08 I was again not given my noon medication. This time it was a black female nurse and she just ignored me. I would appreciate it if this problem could be resolved. Thank You. Perry O. austio cc:R. Bourke - Attorney Perry Allen Austin 99410 Unit: Polunsky Living Quarters: 12CB15 Work Assignment: mplane Skonzyouleuvil **DISPOSITION:** (Inmate will not write in this space)

Case 4:04-cy-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 13 of 60 c:\documents and settings\lewing\local settings\temp\112705087.tif printed by mivap. (Page 1 of 1) SC-010/12/08 Scanned by SWAIM, KATHY L CCA in facility POLUNSKY (formerly TERRELL) on 12/11/2008 14:45 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** DEC 0 8 2008 SICK CALL REQUEST Date: 12-08-08 PART A: (To be completed by offender) Offender's Name: Perry Allen Austin TDCJ No.: 999410 Work Assignment: Work Hours: Wing No.: 12CB 15 **School Hours:** ☐ Dental Other: Service needed: Medical Mental Health Reason for Health Services Appointment: ___ Someone How long have you had this problem? Hours: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. PART B: (To be completed by medical personnel - Do not write below this line)

Date

Medical Staff Member's Signature

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 14 of 60

c:\documents and settings\lewing\local settings\temp\111193889.tif printed by mivap. (Page 1 of 1)

Scanned by CHURCH, DENISE A in facility POLUNSKY (formerly TERRELL) on 11/13/2008 07:18

TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST

SC-010/10/08

PART A: (10 be completed by offender)			ctober 20, 2008
Offender's Name: Perry Allen Aust	in	TDCJ No	999410
Work Assignment:		Work Ho	ours:
Wing No.:12CB15	School Hours:	:	
Service needed: Medical □ Denta	l	Other:	
Reason for Health Services Appointment:	Could you please renew	my Ibuprofen	medication for my back
	problem. I've got bone	spurs. Thank	you.
How long have you had this problem?	Hours :		Days :
fund will be charged a \$3.00 copayments regardless of my ability to pay this fee.		ill be provided ac	ccess to health services cc:file
DADED (F)			cc.iiie
PART B: (To be completed by medical p	ersonnel Do not write below this	line)	
Medical Reply CR to Rende	v Shuprofen Exp	0. 9/21/08	
- War	Marinous		
M-4:1 C4-CCM			
Medical Stair Men	nber's Signature		OCT 0.4 2000 Date

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 15 of 60 c:\documents and settings\temp\104113824.tif printed by mivap. (Page 1 of 1)

	008 13:38 _{ICE} SC-006/05/08
by BOSKEY, PATRICIA'S CCA in facility POLUNSKY (formerly TERRELL) on 06/25/20 HEALTH SERVICES DIVISION	O
PART A: (To be completed by offender)	Date: 06-24/08
Offender's Name: Perry Allen Austin	TDCJ No. : \$99410
Work Assignment:	Work Hours:
Wing No.: 18CB18. School Hours:	
Service needed: Xi Medical Dental Dental Health Dental Reason for Health Services Appointment: I complained about the desage of	
remedy this problem as the current desage is still not sufficient. How long have you had this problem? Hours:	Days :
In accordance with state law, if this visit meets offender health care copared fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee.	l be provided access to health services
fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee.	
fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee.	be provided access to health services oc:R. Boucke - Attorney file inc)

Case 4:04-cv-02387 . Document 92-6 . Filed in TXSD on 03/06/12 . Page 16 of 60 c:\documents and settings\lewing\local settings\temp\104007636.tif printed by mivap. (Page 1 of 1)

Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/24/2008 09:30

SC-98/96/08

TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION**

JUN 2 2 2008

NATION AS CONTRACTOR OF STATES	SICK CALL REQUEST	
PART A: (To be completed by offender)	Date: June 18, 2008
Offender's Name: Perry Allen Au	ustin	Date: June 18, 2008 TDCJ No. 999410
Work Assignment:		Work Hours:
Wing No.: 12CB15	School Hours:	
Service needed: XXMedical		Other:
Reason for Health Services Appointmen	t I've been experiencing e passing out, breaking ou	pisodes of dizziness and feelings of in sweats. I would like to be se
How long have you had this problem?	Hours:	Days: 9.
fund will be charged a \$3.00 copaym	ent fee. I also understand that I wi	ayment criteria, I understand that my trust Il be provided access to health services
fund will be charged a \$3.00 copaym regardless of my ability to pay this fe	ent fee. I also understand that I wi	Il be provided access to health services
fund will be charged a \$3.00 copaym regardless of my ability to pay this fe	Prince I also understand that I will be Signature of Offender personnel Do not write below this	Il be provided access to health services cc:file
regardless of my ability to pay this fe	Pury A Australian Signature of Offender personnel - Do not write below this	It be provided access to health services cc:file

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 17 of 60 c:\documents and settings\lewing\local settings\temp\103590677.tif printed by mivap. (Page 1 of 1)

The state of the s	POLUNSKY (formerly TERRELL) on 06/16/200	<u> </u>
ed by BOSKEY, PATRICIA'S CCA III racing	XAS DEPARTMENT OF CRIMINAL J	USTICE SC-007/06/08
	HEALTH SERVICES DIVISION SICK CALL REQUEST	JUN 1 5 2008
PART A: (To be completed by offende	a)	Date: 06/14/08
Offender's Name: Perry Allen A	ustin	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: 12CB15	School Hours:	**************************************
Service needed:	ntal Mental Health Oth	er:
Reason for Health Services Appointme sometimes take three t	of four pills a day. I'm runnin	dine is not adequate. I am have gout of pills too early.
How long have you had this problem?	Hours :	Davs :
,	Ceru V. Gioto	•
	() Signature of Offender	cc:file
	Sch NSC Ide cating Augus 15	
		
Medical Staff M	ember's Signature	Date

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 18 of 60 c:\documents and settings\lewing\local settings\temp\100499285.tif printed by mivap. (Page 1 of 1)

Scanned by BOSKEY, PATRICIA'S CCA in facility POLUNSKY (formerly TERRELL) on 04/22/2008 11:50

RECEIVED

160-016/04/05

APR 2 0 2008

I sent in a sickcall request on April 09	, 2008 requesting	that my Ranitidine	prescription be
renewed or I be prescribed something els	se for my acid refl	ux. My current pre	escription runs
out April 19, 2008. I have an extreme c	ase of acid reflux	and the current m	medication barely
works but it's better than nothing at al	l. I need this me	edication. Please	let me know if it
has been renewed and if it hasn't, the r	reason why. I have	had chronic stomac	ch problems for many
many years and this would be evident if	you would get my m	medical records fro	om my old TDCJ
number (#292744). I am looking forward	to hearing somethi	ng from you soon.	Thank you.
		-	
Cay	B. auch		
			cc:file
Name: Perry Allen Austin	No:999410	Unit: Po	lunsky
Living Quarters: 12CB15	Work Assignmen	t:	
DISPOSITION: (Inmate will not write in this space)			
Response: Your men	direction has to	soon ordered.	
Clesponse. The	and sou pal cell	10/18	
Jugane	uneulov 412	(0108	

c:\documents and settings\llewing\local settings\temp\100365790.tif printed by mivap. (Page 1 of 1) Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 04/18/2008 12:48

160-016/04

SUBJECT: State briefly the problem on which you desire assistance.

I-60 (Rev. 11-90)

RECEIVED

sent in a sickcall request on April 09, 2008 requesting that my ARM 18 0000 prescription
renewed or I be prescribed something else for my acid reflux. My current prescription run
out April 19, 2008. I have an extreme case of acid reflux and the current medication be
works but it's better than nothing at all. I need this medication. Please let me know is
has been renewed and if it hasn't the reason why. I've had chronic stomach problems for
many years and this would be evident if you would get my medical records from my old TDC
number (#292744). I am looking forward to hearing something from you soon. Thank you.

Peny O. austi			C×
Name: Perry Allen Austin	No: 999410	Unit:	Polunsky
Living Quarters: 12CB15	Work Assignment:		
DISPOSITION: (Inmate will not write in this space) Addud Addud	Chart Room	AGA UNSBR	<u>)</u>

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/10/2008 09:11 RECEIVED sc-002/(: TEXAS DEPARTMENT OF CRIMINAL JUSTICE 80L MAR 0 7 2008 HEALTH SERVICES DIVISION SICK CALL REQUEST Date: March 05, **PART A:** (To be completed by offender) Offender's Name: Berry Allen Austin TDCJ No.: 999410 Work Assignment: Work Hours: Wing No.: 12CB15. School Hours: Service needed: Medical □ Dental □ Mental Health □ Other: Reason for Health Services Appointment: I would like to have my Ibuprofen prescription renewed for my back. I've got bone spurs How long have you had this problem? In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender cc:fil PART B: (To be completed by predical personnel -- Do not write below this line Medical Reply Medical Staff Member's Signature HSA - 9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 21 of 60 c:\documents and settings\lewing\local settings\temp\95602020.tif printed by mivap. (Page 1 of 1)

ned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on (01/25/2008 10:19
TEXAS DEPARTMENT OF C HEALTH SERVICE: SICK CALL RE	RIMINAL JUSTICE S DIVISION JAN 2
Offender's Name: Perry Allen Hustin	Date: 22, January 2000
Offender's Name: Verry Allen Alustin	TDCJ No. : 99941 0
Work Assignment:	Work Hours:
Wing No. 12 CB15 School Hours:	
Service needed: → Medical □ Dental □ Mental Health	□ Other:
Reason for Health Services Appointment: I need my Ran	itiding renewed
In accordance with state law, if this visit meets offender health fund will be charged a \$3.00 copayment fee. I also understand regardless of my ability to pay this fee. Signature of O	care copayment criteria, I understand that my trust that I will be provided access to health services
PART B: (To be completed by medical personnel Do not write be Medical Reply: Under Curron - Ale	
Medical Staff Member's Signature	Date

HSA - 9 (Rev. 5/97)

Case 4:04-cy-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 22 of 60 c:\documents and settings\llewing\local settings\temp\95427538.tif printed by mivap. (Page 1 of 2)

need my Ranitidine prescription renewed. I was informed that it had expired 1-05-08. Thank you Perm I limbs Perm I limbs Cc; file Image: Perry Allen Austin No: 999410 Unit: Polunsky Work Assignment: Disposition: (Immate with rot the lot of the lot				
need my Ranitidine prescription renewed. I was informed that it had expire 1-05-08. Thank you. Percondition	canned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERF	RELL) on 01/23/2008 07:02	N. Carlotte	
need my Ranitidine prescription renewed. I was informed that it had expired that it ha	SUBJECT: State briefly the problem on which you seem to be			
Pew I lands Rem I lands Cc; file lame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB1 Work Assignment:	A STATE OF THE PARTY OF THE PAR			
Pew I lands Rem I lands Cc; file lame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB1 Work Assignment:				
Peur d'Aurès Cc; file lame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:	need my Ranitidine prescription ren	ewed. I was info	rmed tha	t it had expired
Peur d'Aurès Cc; file lame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:	1-05-08. Thank you	and the second of the second	A W. Good State Charles Some	Standard 1995
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:	THE REAL PROPERTY AND A STREET, AND A ST	THE REPORT OF THE PERSON NAMED IN COLUMN TWO		
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:				<u> </u>
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:	Yell y Gurts			· ·
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:				
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:			فنصلناهن سيري	
cc; file ame: Perry Allen Austin No: 999410 Unit: Polunsky iving Quarters: 12CB15. Work Assignment:			ar hines	
cc; file No: 999410 Unit: Polunsky Iving Quarters: 12CB15 Work Assignment:	THE PARTY OF THE P		11 m	NAME OF THE OWNER OF THE OWNER, T
cc; file No: 999410 Unit: Polunsky Iving Quarters: 12CB15 Work Assignment:			te la serie	4. 10. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
iving Quarters: 12CB15. Work Assignment:	makish in gares editions			DUL HORSE
iving Quarters: 12CB15 Work Assignment:				s.5
		_ No:999410	Unit: .	Polunsky
	Linding Augusters: 12CB15	Work Assignment		
Romition (Immale with not wise in this second Romition of Williams Romition)	Living Guarters.	· · · · · · · · · · · · · · · · · · ·		
Romition (Immate with not what in this was a Romition of Williams Romiti			<u> </u>	(2)
N. Williamsen	DISPOSITION: (Inmate with not wite in this are of	0-24		et il Ca
N. Williamsen		Control Dom		
N. Willisamsen	•			2/
		0/1.1	71. res	nskn
		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		10.701	111000	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 23 of 60 c:\documents and settings\lewing\local settings\temp\95427538.tif printed by mivap. (Page 2 of 2)

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/23/2008 07:02 SUBJECT: State briefly the problem on which you desire assistance.

JAN 1 9 28 160-005/01/

This is a sickcall request: Could you please renew my Ranifidine prescription has ran out. I have enough extra left over to last another five days.

I am resorting to sending this sickcall request directly to you because there has not been a sickcall nurse through here in over three weeks that I know of for sure. Some of the other guys say it has been almost two put it if you could process this as soon as you can. My acide reflux is very thank you.

Thank you.

Regulation

No: 999410

Unit: Bolunsky

Living Quarters: 12CB15

Work Assignment:

DISPOSITION: (Inmate will not write in this space)

c:\documents and settings\liewing\local settings\temp\95139715.tif printed by mivap. (Page 1 of 1)

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 01/16/2008 14:00

16**0-**003/0

SUBJECT: State briefly the problem on which you desire assistance.

		JAN 1 6
Ms.	. Overbeck,	
	Could you please find out what happened to my pill pack? Rani	tidine.
was	s supposed to get one around the 5th of January 2008. That's wh	en the
cur	rrent pill pack runs out. I still have some left over in the c	urrent
pac	ck because I'm always getting my pill pack late but, it's subje	ct for
con	nfiscation if the guards come in here for shakedown. It's expi	red and
alw	ways take expired pill packs. Anyway, I would appreciate it if	you com-
see	e what the problem is and have my pill pack sent to me. Thank y	rou.
	Peru O austo	CC:
Nam	me: Perry Allen Austin UNO: 99410 Unit: Po	lunsky
Livir	ing Quarters: 12CB15 1 - row Work Assignment:	
DISI	SPOSITION: (Inmate will not write in this space) your order expected 01-05	-08

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 25 of 60 c:\documents and settings\llewing\local settings\temp\85399013.tif printed by mivap. (Page 1 of 1) Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 07/16/2007 09:55 SC-007/07 TEXAS DEPARTMENT OF CRIMINAL JUSTICE JUL 1 3 2007 **HEALTH SERVICES DIVISION** SICK CALL REQUEST Date: 12, July 2007 PART A: (To be completed by offender) TDCJ No. : 999410 Offender's Name: Perry Allen Austin Work Assignment: Work Hours: Wing No.: 12 BC 29 School Hours:

□ Mental Health Service needed: Medical □ Dental Other: need my Ranitidine prescription Reason for Health Services Appointment: I How long have you had this problem? Hours: Days: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel -- Do not write below this line) contidure Medical Reply:

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 26 of 60

c:\documents and settings\llewing\local settings\temp\85262821.tif printed by mivap. (Page 1 of 1) SUBJECT: State briefly the problem on 2000 NSKY (formerly TERRELL) on 07/12/2007 13:33
Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 07/12/2007 13:33 160-081/07 **JUL 1 2 2007** MS. OVERBECK I HAVE BEEN TRYING FOR OVER A WEEK NOW TO GET MY PRESECRIPTION FOR RANITIDINE RENEWED. I'VE SENT IN TWO SICKCALLS WITH NO RESPONSE. I ALSO HAVEN'T SEEN A SICKCALL NURSE COME THROUGH HERE ANNOUNCING SICKCALL FOR THE PAST COUPLE OF DAYS, NOT INCLUDING WEEKENDS. I THEREFOR HAVE TO RESORT TO THIS IGO IN HOPES THAT THEN I'LL GET A RESPONSE. I WOULD APPRECIATE IT IF YOU WOULD RENEW MY RANITIDINE PRESCRIPTION OR PRESCRIBE SOMETHING STRONGER. THANK YOU. lecy O. aust cc: file No: _999410 Name: PERRY ALLEN AUSTIN POLUNSKY Unit: 12BC29 Living Quarters: Work Assignment: DISPOSITION: (Inmate will not write in this space) Auto lenaved 1/10/07. Please cheek with pill nurse.
Mailing you current print pass. dhunlinglesa
Miloto

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 27 of 60

c:\documents and settings\llewing\local settings\temp\85153001.tif printed by mivap. (Page 1 of 1)

Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 07/11/2007 07:55 sc-005/07 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** JUN 2.8 2007 SICK CALL REQUEST PART A: (To be completed by offender) Date: 06/28/07 Offender's Name: PERRY ALLEN AUSTIN TDCJ No. :_ 999410 Work Assignment: Work Hours: Wing No.: 12BA14 School Hours: Service needed: Medical □ Dental ☐ Mental Health □ Other: Reason for Health Services Appointment: I NEED TO HAVE MY RANITIDINE PRESCRIPTION RENEWED. I BELIEVE TITS FIXING TO RIN OUT. I'M HAVING EAR ACHES ALSO. How long have you had this problem? Hours :__ Days: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services fund will be chargen a regardless of my ability to pay this fee. Signature of Offender œ: file PART B: (To be completed by medical personnel -- Do not write below Medical Reply: Medical Staff Member's Signature

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 28 of 60 c:\documents and settings\lewing\local settings\temp\82105924.tif printed by mivap. (Page 1 of 1)

by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on	
TEXAS DEPARTMENT OF HEALTH SERVICE	ES DIVISION MAY 0 3 2007
SICK CALL R PART A: (To be completed by offender)	Date: MAY OL, 2007
Offender's Name: FERRY ALLEN ALSTIN	TDCJ No.: 999410
Vork Assignment:	Work Hours:
	h Other:
Reason for Health Services Appointment: MY BACK IS BOTHERIN	
RESCRIPTION.	
How long have you had this problem? Hours:	Days : YFARS
In accordance with state law, if this visit meets offender healt fund will be charged a \$3.00 copayment fee. I also understan regardless of my ability to pay this fee. Signature of	h care copayment critéria, I understand that my trust d that I will be provided access to health services
In accordance with state law, if this visit meets offender health fund will be charged a \$3.00 copayment fee. I also understand regardless of my ability to pay this fee. Signature of Completed by medical personnel Do not write Medical Reply:	h care copayment critéria, I understand that my trust ad that I will be provided access to health services Offender cc: file below this line)
In accordance with state law, if this visit meets offender health fund will be charged a \$3.00 copayment fee. I also understand regardless of my ability to pay this fee. Signature of Completed by medical personnel Do not write Medical Reply:	ch care copayment criteria, I understand that my trust ad that I will be provided access to health services Offender c: file below this line)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 29 of 60

c:\documents and settings\llewing\local settings\temp\81055125.tif printed by mivap. (Page 1 of 1) Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 04/23/2007 14:16

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION

	SICK CALL REQUE	ST	APR 2 1 2007
PART A: (To be completed by offender)	•	Date: 04-	20-07
Offender's Name: PERRY ALLEN AUSTIN		TDCJ No. :	999410
Work Assignment:		Work Hou	\$:
	l Hours:		
Service needed: & Medical □ Dental	☐ Mental Health	Other:	
Reason for Health Services Appointment: MY	BACK IS HURTING	REAL BAD AGAIN.	I'D LIKE TO GET BACK
ON	THE IBUPROFEN.		
How long have you had this problem? Hours	3 :	Da	ys:7
In accordance with state law, if this visit med fund will be charged a \$3.00 copayment fee. regardless of my ability to pay this fee.	I also understand that O Out Signature of Offend	I will be provided acco	· · · · · · · · · · · · · · · · · · ·
PART B: (To be completed by medical person Medical Reply: 4	nel Do not write below	this line)	
Medical Staff Member's			Date
	=		

c:\documents and settings\liewing\local settings\temp\73656185.tif printed by mivap. (Page 1 of 1)

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 11/28/2006 14:55 SUBJECT: State briefly the problem on which you desire assistance. 160-049/06 MS. OVERBECK, PLEASE REMOVE MY NAME FROM THE WAITING LIST TO GO TO ESTELLE UNIT FOR MY EYE CHECK-UP. I NO LONGER WISH TO GO. THANK YOU. Pero D. Gueto Company of the Section agriculture with graph of compression Unit: __POLUNSKY PERRY ALLEN AUSTIN 999410 Name: 12BA14 2 ROW Living Quarters: ____ _ Work Assignment: **DISPOSITION:** (Inmate will not write in this space) WSC +D Segrefused

What an 150 Fine

11/2-8/06

market territoria

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 31 of 60 c:\documents and settings\lewing\local settings\temp\72670387.tif printed by mivap. (Page 1 of 1)

PART A: (To be completed by offende	HEALTH SERVICES OF VISION SICK CALL REQUEST	Date: 11/05/06-	, REC
Offender's Name: PERRY ALLEN A	•	TDCJ No. : 999410	NOV
Work Assignment:	•	Work Hours:	
Service needed: [₹] Medical □ Der	ntal	ther: ES. THEY ARE ALWAYS F	URTING,
	INCORDING! PEERS BIRE GRII		
			
	visit meats offender health care copays nent fee. I also understand that I will l	ment criteria, I understand to be provided access to health	hat my trus
In accordance with state law, if this fund will be charged a \$3.00 copays regardless of my ability to pay this fund. PART B: (To be completed by medica Medical Reply:	visit meats offender health care copays nent fee. I also understand that I will l ee.	ment criteria, I understand t e provided access to health C	hat my trus services

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 32 of 60 c:\documents and settings\llewing\local settings\temp\68179328.tif printed by mivap. (Page 1 of 1)

J DY DONN, ALIVIAS III IBCIIILY I OLONGICI (ID	rmerly TERRELL) on 08/10/2006 13:45		5c-004/0b
PART A: (To be completed by offender) Offender's Name: PERRY ALLEN Work Assignment:	School Hours:al	Date: 080906 TDCJ No. : 99941 Work Hours:	<u>0</u>
How long have you had this problem?	Hours:		<u></u>
) IN accordance with state ture, it this vi			a inai my irusi
fund will be charged a \$3.00 copayme regardless of my ability to pay this fee	ent fee. I also understand that I will	be provided access to heal	
fund will be charged a \$3.00 copayme	ent fee. I also understand that I will Lette 1. Aust Signature of Offender	be provided access to heal	th services
fund will be charged a \$3.00 copayme regardless of my ability to pay this fee	ent fee. I also understand that I will Class Signature of Offender personnel Do not write below this li	be provided access to heal	th services

Case 4:04-cy-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 33 of 60 c:\documents and settings\llewing\local settings\temp\67947271.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 08/07/2006 10:14

50-003/06

TEXAS	DEPARTMENT OF CRIM HEALTH SERVICES DIV SICK CALL REQUE	/ISION ST	RECEIVED
PART A: (To be completed by offender)	SICK CALL REQUE	Date: 07 - 30	AUG 0 6 2006
Offender's Name: PERRY ALLEM AUSTIN		TDCJ No. : 99	
Work Assignment:		Work Hours:	
Wing No.: 12EB20 Se			
Service needed: Medical Dental			
Reason for Health Services Appointment:	WILL VIGLENT REACTIONS TO		
	HERAINES! WEED STHE	-	
How long have you had this problem?	lours :	Days :	
In accordance with state law, if this visit fund will be charged a \$3.00 copayment regardless of my ability to pay this fee.	fee. I also understand that	I will be provided access	
PART B: (To be completed by medical per Medical Reply:		this line)	
Media for Staff No.	1		

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 34 of 60 c:\documents and settings\llewing\local settings\temp\66752398.tif printed by mivap. (Page 1 of 1)

ed by DUNN. ALMA J in facility POLUNSKY (formerl	y TERRELL) on 07/14/2006 10:30	€ SC-002/06
	PARTMENT OF CRIMINAL J LALTH SERVICES DIVISION SICK CALL REQUEST	
PART A: (To be completed by offender)		Date: 07-12-06 WL 14 WW
Offender's Name: PERRY ALLEN AUSTIN		TDCJ No. : 999410
Vork Assignment:		WOLK HOULS
Ving No.: 12CC30 School	ol Hours:	
Service needed: Medical Dental Reason for Health Services Appointment:	need my Ranitidine pre	scription renewed, or change
	3:	
In accordance with state law, if this visit me fund will be charged a \$3.00 copayment fee. regardless of my ability to pay this fee.	ets offender health care copaym	ent criteria, I understand that my trust
In accordance with state law, if this visit me fund will be charged a \$3.00 copayment fee. regardless of my ability to pay this fee.	ets offender health care copaym I also understand that I will be Understand Signature of Offender	ent criteria, I understand that my trust provided access to health services
In accordance with state law, if this visit me fund will be charged a \$3.00 copayment fee.	ets offender health care copaym I also understand that I will be Understand Signature of Offender	ent criteria, I understand that my trust provided access to health services
In accordance with state law, if this visit mention fund will be charged a \$3.00 copayment fee. regardless of my ability to pay this fee. PART B: (To be completed by medical personned) Medical Reply:	ets offender health care copaym I also understand that I will be Understand Signature of Offender	ent criteria, I understand that my trust provided access to health services

c:\documents and settings\liewing\local settings\temp\65202941.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 06/14/2006 11:40

w	T80-420/00
Sig	
I AM HAVING PROBLEMS OBTAINING MY NOT MEDICATING I HAVE ACID REFLUX VERY	BAP HAD AM
ON EANITIBINE. I GET A NEW PILL PACK EVERY MONTH. I'M SUPPOSED TO ANYWAY, MY PI	ILL POUL EXPIRED
ON 05-23-06. IT IS NOW 05-25-06 AND I HAVE STILL NOT RECEIVED MY LIEW PILL	- PACK, LAST
MUNTH I HAD TO PUT IN A SICKCALL AND THE COMPUTER HAD SHOWN I HAD ALRHAM H	LECEIVED IT WHEN
I HARD'T. REER SEARCHURG MY CELL AND NOT FINDING ANYTHING THEY LOCKED WHEREVER	l it is they keep
THEM THE FOUND MY FILL PACK. THE NEW FILL PACK THE FILL HUSSE HAD LOGGED AS ALE	kady been cived
TU ME. HOW ANUTHER MONTH HAS GONE AND AGAIN, I'M NOT GETTING MY MEDICATION.	I wans
APPRECIATE IT IF YOU COULD DU JUMETHING. THANK YOU. CC: RICH	ARD BOWAKE - ATTY
Terry a. Gusto File	•
Name: PERRY ALLEN AUSTIN No: 999410 Unit: POLU	n sicy
Living Quarters: 12CC30 1 - R PW Work Assignment:	
DISPOSITION: (Inmate will not write in this space) LEGO (Rev. 11-90) WITH ASSIGNMENT. WORK ASSIGNMENT.	186 for
1-60 (Rev. 11-90) Multiplicate Multiplicat	6/14/06

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 36 of 60 c:\documents and settings\lewing\local settings\temp\62725119.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 04/27/20 SC - 001/06 TEXAS DEPARTMENT OF CRIMINAL JUSTICE RECEIVED **HEALTH SERVICES DIVISION** SICK CALL REQUEST Date: 04 -26-06 APR 27 2006 PART A: (To be completed by offender) Offender's Name: Perry Allen Aus TDCJ No : 99941 0 Work Assignment:_ Work Hours:_ Wing No.: 12CC30 School Hours: Service needed: Medical □ Mental Health □ Other: ☐ Dental Reason for Health Services Appointment: My acid ceflux How long have you had this problem? Hours: Days In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. **PART B:** (To be completed by medical personnel -- Do not write below this line) Medical Reply:

Date

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 37 of 60 c:\documents and settings\lewing\local settings\temp\58636454.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 02/03/2006 11:52

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SIGN CALL BEQUEST

x-01/06 RECEIVED

	SICK CALL REQUEST	.
PART A: (To be completed by offender)	· -	Date: FEBRUARY 02, 2006 FEB 03 2003
Offender's Name: PERRY ALLEN AUSTIN		TDCJ No. : 999410
Work Assignment:		Work Hours:
Wing No.: 12-00-30	School Hours:	
Service needed: Maddical Denta Reason for Health Services Appointment:		Other: LIBLE VISION, REAL BAD HEADACHES, AND NOSE
. 	HIFTIS.	
How long have you had this problem?	Hours :	Days APPROX. 15
regardless of my ability to pay this fee.	Powy O Gusts Signature of Offender	c:file
PART B: (To be completed by medical p		
Medical Reply: OH 020306	F3(2)	
Medical Staff Mem	aber's Signature	Date

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 38 of 60 c:\documents and settings\lewing\local settings\temp\51278971.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 08/29/2005 08:04
I EXAS DEPARTMENT OF CRIMINAL JUSTICE SC-011/05 AUG 2 8 2005 **HEALTH SERVICES DIVISION** SICK CALL REQUEST PART A: (To be completed by offender) Date: 08/27/05 Offender's Name: PERRY ALLEN AUSTIN 999410 TDCJ No.: Work Assignment:_ Work Hours: Wing No.: 12CC30 School Hours: Service needed: The Medical □ Mental Health □ Dental □ Other: Reason for Health Services Appointment: MY BACK IS HURTING REAL BAD AGAIN. THE IBUPROFEN IS NOT How long have you had this problem? Days : __3 Hours: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. cc: file Signature of Offender PART B: (To be completed by medical personnel -- Do not write below this line) Medical Reply:

Date

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

c:\documents and settings\liewing\local settings\temp\49700327.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 07/26/2005 09:19

	XAS DEPARTMENT OF CRIMINAL J	
	HEALTH SERVICES DIVISION SICK CALL REQUEST	Date: JULY 25, 2005
PART A: (To be completed by offend	-	Date: JULY 25, 2005
Offender's Name: PERRY ALLEN ALS	IIN	TDCJ No. :_ 999410
Work Assignment:		Work Hours:
Wing No.: 120030	School Hours:	
Service needed: 🙀 Medical 💢 🗆 De		
Reason for Health Services Appointm	ent: I NEED MY MEDICAL PASS FOR MY NE	OPHRENE ELBOW SLEEVE RENEWED PLEASE.
How long have you had this problem? In accordance with state law, if thi	Hours:s visit meets offender health care copaym	
In accordance with state law, if thi	s visit meets offender health care copaymo ment fee. I also understand that I will be fee.	ent criteria, I understand that my trust
In accordance with state law, if thi fund will be charged a \$3.00 copay	s visit meets offender health care copaymo ment fee. I also understand that I will be	ent criteria, I understand that my trust
In accordance with state law, if this fund will be charged a \$3.00 copay regardless of my ability to pay this PART B: (To be completed by predictions)	s visit meets offender health care copaymoment fee. I also understand that I will be fee.	ent criteria, I understand that my trust provided access to health services ————————————————————————————————————
In accordance with state law, if thi fund will be charged a \$3.00 copay regardless of my ability to pay this	s visit meets offender health care copayment fee. I also understand that I will be fee. Output Output Signature of Offender	ent criteria, I understand that my trust provided access to health services ————————————————————————————————————
In accordance with state law, if this fund will be charged a \$3.00 copay regardless of my ability to pay this PART B: (To be completed by raedic Medical Reply	s visit meets offender health care copayment fee. I also understand that I will be fee. Output Output Signature of Offender	ent criteria, I understand that my trust provided access to health services ————————————————————————————————————

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 40 of 60
c:\documents and settings\llewing\local settings\temp\49700333.tif printed by mivap. (Page 1 of 1)

THE CEPTIFICE SC-010/05

| Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 07/26/2005 09:20
| Offender's Name: PERRY ALLEN AUSTIN | Date: JULY 25, 2005
| Offender's Name: PERRY ALLEN AUSTIN | TDCJ No.: 999410
| Work Assignment: | Work Hours: _______

Wing No.: 120030 School Hours: Service needed: Medical □ Dental □ Mental Health □ Other: I NEED MY RANITIDINE PRESCRIPTION RENEWED. I HAVEN'T A NEW PILL PACK Reason for Health Services Appointment: IN OVER A MONIH. How long have you had this problem? Hours :_ Days: In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. △ Signature of Offender c: file PART B: (To be completed by medical personnel -- Do not write below this high Medical Reply Medical Staff Member's Signature HSA - 9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 41 of 60 c:\documents and settings\lewing\local settings\temp\46981256.tif printed by mivap. (Page 1 of 1)

SICK CALL REQ offender) LEN AUSTIN School Hours: Dental	Date: 05-29-05 TDCJ No.: 999410 Work Hours:	1 2
LEN AUSTIN School Hours:	Work Hours:	
School Hours:		
☐ Dental ☐ Mental Health	- 0.1	
	☐ Other:	. I
TESTED POSITIVE FOR	R IT MANY YEARS AGO.	
blem? Hours:	Days :	
ny this fee. Bear Clust		
Signature of Offe	nder cc: file	
	tested positive for blem? Hours: if this visit meets offender health car copayment fee. I also understand the sy this fee.	tested positive for it many years ago. Days: Tested positive for it many years ago.

c:\documents and settings\llewing\local settings\temp\45568986.tif printed by mivap. (Page 1 of 1)

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 05/06/2005 12:48

SC-007/05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST

	SIC	K CALL REQUEST			MAY a	6 2005
PART A: (To be completed by offender)	1		Date: 05	/05/05		A FASA
Offender's Name: PERRY ALLEN AU	STIN		TDCJ No. :	999410		
Work Assignment:		_	Work Hou	's:		
Wing No.: 12CC30	School Hour	s:				
Service needed: XXMedical □ Dent	al □M	lental Health	Other:			
Reason for Health Services Appointment	MY BACK I	S MESSED UP AGAIN	. IT'S SLIP	PED AND	THE PAI	N IS BAI
	MOVING TO	MY RIGHT HIP AND	LEG.			
How long have you had this problem?	Hours:		Da	ys : YEA	RS	
fund will be charged a \$3.00 copayma regardless of my ability to pay this fee	Perio D	Dust	oe provideu acci	as IV nesi	un service.	
	Ø Sig	nature of Offender		cc:	file	
PART B: (To be completed by medical p	personnel D	o not write below this li	ne)			
Now 5/	4/05					
Medical Staff Men	nber's Signatu	ire			Date	
HSA - 9 (Rev. 5/97)						

c:\documerits and settings\liewing\local settings\temp\43379079.tif printed by mivap. (Page 1 of 1)

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 03/18/2005 07:50 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST

sc-005/05 MAR 1 7 2005

OF THE DEDDY ATTEM ATTO				1	Date:	IGHICII I	5, 2005	- ,
Offender's Name: PERRY ALLEN AUS	TIN	And the second			rdcj i	No. : <u>99</u>	9410	
Work Assignment:					Work I	Hours:		•
Wing No.: 12CC30	School He	ours:						
Service needed: CxMedical Denta		Mental Health					-	
Reason for Health Services Appointment:	SOMETHI	NG SLIPPED	IN MY	LOWER	BACK	AGAIN.	LOTS OF	PAIN.
	IBUPROE	EN NOR ACE	PAMINO	PHEN H	ELPS.			
How long have you had this problem?	Hours :	13½			_	Days :		
fund will be charged a \$3.00 copaymes		lso understand	that I v	vill be pr	ovided .	access to	health serv	vices
fund will be charged a \$3.00 copaymes regardless of my ability to pay this fee.	Rew	l. austi			ovided		R. BOUR	vices KE – ATTY
	Rew	lso understand L. Austi Signature of O			ovided			
	Penu	Signature of O	ffender		ovided		R. BOUR	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 44 of 60

c:\documents and settings\llewing\local settings\temp\42362002.tif printed by mivap. (Page 1 of 1) Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 02/28/2005 10:51

SC-004/05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST

FEB 2 6 2005

PART A: (To be completed by offender)		Date: 02-25-05
Offender's Name: PERRY ALLEN AUST	<u>'IN</u>	TDCJ No.: 999410
Work Assignment:		Work Hours:
Wing No.: 12CC30	School Hours:	
Service needed: Medical Denta Reason for Health Services Appointment:	I AM CONTINUING TO EXPERIENCE	E LOWER BACK PAIN. HAVE STILL
••	NOT RECEIVED MEDICATION FROM	DR. ZOND'S VISIT 02-17-05
How long have you had this problem?	Hours:	Days :
	sit meets offender health care copayment nt fee. I also understand that I will be p Pure l'Oustio Signature of Offender	orovided access to health services - cc: R. BOURKE - ATTORNEY
PART B: (To be completed by medical p		
Medical Reply: No Mels		Mat
	where ordered this	
	where odered this	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 45 of 60

c:\documents and settings\llewing\local settings\temp\41024870.tif printed by mivap. (Page 1 of 1) Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 02/02/2005 06:59
TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** FEB 0 1 2005 SICK CALL REQUEST Date: 21-33-45 --PART A: (To be completed by offender) Offender's Name: Perry Allen Austin TDCJ No. : 999416 Work Assignment:_ Work Hours:_ Wing No.:_ School Hours ☐ Mental Health Service needed: Medical □ Dental □ Other: Reason for Health Services Appointment: Hy back is still messed up. This is my second Days: How long have you had this problem? Hours In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust

fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 5/97)

Medical Reply:

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 46 of 60 c:\documents and settings\lewing\local settings\temp\38922920.tif printed by mivap. (Page 1 of 1)

PART A: (To be completed by offender) Offender's Name:PERRY ALLEN AUSTIN TOCJ No.: 999410 Work Assignment:		AS DEPARTMENT OF CRIMINAL HEALTH SERVICES DIVISIO SICK CALL REQUEST	000
Work Assignment: Wing No.: 12CC36 School Hours: Service needed: Medical Dental Mental Health Other: Reason for Health Services Appointment: I NEED MY MEDICAL PASS RENEWED FOR MY NEOPHRENE MEDICAL PASS RENEWED FOR MY N	PART A: (To be completed by offender)		Date: 12/20/04
Scrvice needed: CXMedical Dental Mental Health Dother: Reason for Health Services Appointment: I NEED MY MEDICAL PASS RENEWED FOR MY NEOPHRENE ME	Offender's Name: PERRY ALLEN AU	STIN	TDCJ No.: 999410
Service needed: Medical	Work Assignment:		Work Hours:
Service needed: Medical	Wing No.: 12CC36	School Hours:	
How long have you had this problem? Hours:			
How long have you had this problem? Hours:	Reason for Health Services Appointment	I NEED MY MEDICAL PASS R	ENEWED FOR MY NEOPHRENE MEDICAL
In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my tr fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel Do not write below this line) Medical Reply:	- ,	SLEEVE FLBOW BRACE. THIS	S IS MY SECOND REQUEST.
In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my tr fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel Do not write below this line) Medical Reply:	How long have you had this problem?	Hours:	Davs :
PART B: (To be completed by medical personnel Do not write below this line) Medical Reply:	i in accordance with state law, if this v	isit meets offender health care copar	ment criteria. I understand that my trust
Medical Staff Member's Signature Date	fund will be charged a \$3.00 copayme	ent fee. I also understand that I will 2. Rew (Cust	
·	fund will be charged a \$3.00 copayme regardless of my ability to pay this fee	ent fee. I also understand that I will Lew (be provided access to health services

c:\documents and settings\llewing\local settings\temp\38489703.tif printed by mivap. (Page 1 of 1)

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 12/09/2004 08:56

50-017

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)	Date: 12 - 07 - 04 DFC - 9 2004
Offender's Name: PERKY ALLEM AUSTIN	TDCJ No. : 999410
Work Assignment:	Work Hours:
Wing No.: 12 BD 43 School Hours:	
	al Health
	ly medical pass renewed for my neoprene
elbow sle	eve brace. Thank you.
How long have you had this problem? Hours:	Days:cc:file
fund will be charged a \$3.00 copayment fee. I also un regardless of my ability to pay this fee.	er health care copayment criteria, I understand that my trust iderstand that I will be provided access to health services Surficient of Offender
fund will be charged a \$3.00 copayment fee. I also un regardless of my ability to pay this fee.	ot write below this line)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 48 of 60

c:\documents and settings\llewing\local settings\temp\38303643.tif printed by mivap. (Page 1 of 1)

HEALTH SERVICES DIVISION

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 12/06/2004 06:42

SICK CALL REQUEST Date: 12 -01-04 PART A: (To be completed by offender) TDCJ No. : 9994 10 Offender's Name: PERRY ALLEH AUSTIN Work Assignment: Work Hours:_ Wing No.: 1230 43 School Hours: Service needed: ☑ Medical □ Dental □ Mental Health □ Other: Reason for Health Services Appointment: I NEW ANGUER TYLENOL CARD. THANK YOU How long have you had this problem? Hours: Days: In accordance with state law, if this visit meets offender health care copayment cripciu, fund will be charged a \$3.00 copayment fee. I also understand that I will be provi regardless of my ability to pay this fee. PART B: (To be completed by medical personnel -- Do not write below this line) Medical Reply: Medical Staff Member's Signat Date HSA - 9 (Rev. 5/97)

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 49 of 60

c:\documents and settings\llewing\local settings\temp\35051428.tif printed by mivap. (Page 1 of 1)

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 09/13/2004 11:01 TEXAS DEPARTMENT OF CRIMINAL JUSTICE RECEIVED **HEALTH SERVICES DIVISION** SICK CALL REQUEST **PART** A: (To be completed by offender) TDCJ No. : 999416 Offender's Name: PERRY ALLEN AUSTIN Work Assignment: Work Hours: Wing No.: 12BD 43 School Hours: Service needed: Medical □ Mental Health □ Other: ☐ Dental Reason for Health Services Appointment: Nurse Bycon told me to put in this several munths aco concerning How long have you had this problem? Days: Hours In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel -- Do not write below this line) Medical Reply:

HSA - 9 (Rev. 5/97)

Case 4:04-cy-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 50 of 60 c:\documents and settings\lewing\local settings\temp\32160481.tif printed by mivap. (Page 1 of 1)

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/24/2004 12:35

SC -0017

-

TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION**

SICK CALL REQUEST	(4 27 m)
PART A: (To be completed by offender)	Date: 06 - 23 - 04
Offender's Name Perry Auth Austin	TDCJ No. 9994 10
Work Assignment	Work Hours:
Wing No. 12 ^{BD} 43 School Hours:	ę da
Service needed: № Medical □ Dental □ Mental Health □ Other	r:
Reason for Health Services Appointment: What's happened to my Ranitidine	prescription: Has it ran out: I
houn't gotton anymore White unes a	reat working anyway, ccifile
How long have you had this problem? Hours:	Days :
In accordance with state law, if this visit meets offender health care copaymen fund will be charged a \$3.00 copayment fee. I also understand that I will be pregardless of my ability to pay this fee. Signature of Offender	
PART B: (To be completed by medical personnel - Do not write below this line) Medical Reply: 2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y bew
· product,	
The same of the sa	
Medical Staff Member's Standard (1977)	Date
HSA - 9 (Rev. 5/97)	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 51 of 60 c:\documents and settings\lewing\local settings\temp\31423607.tif printed by mivap. (Page 1 of 1)

anned by VICKEDS CHOALLY	,	iivap. (Fa
unned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/03/20	04 07:04	RECE!
TEXAS DEFARTMENT OF CRIMINA	L JUSTICE	KELEIV
HEALTH SERVICES DIVISI SICK CALL REQUEST	ON	JUN 022
PART A: (To be completed by offender)	Date: 06 - 01 - 04	0011 0 2 1
Offender's Name Perry Allen Austin	TDCJ No. : 999410	_
Work Assignment:	Work Hours:	
Wing No.: 12 80 43 School Hours:		-
Service needed: Medical Dental Mental Health	Other:	
Reason for Health Services Appointment: May I please get my me	dical pais renewed for m	1 neophiene
elbow sleeve brace: IT	isak you.	confile
How long have you had this problem? Hours:	•	
fund will be charged a \$3.00 copayment fee. I also understand that I will regardless of my ability to pay this fee.	ll be provided access to health se	rvices
Signature of Offender		
PART B: (To be completed by medical personnel Do not write below this	line)	
Medical Reply:		
the Orlland		
, ^	. 1 - /) .	
Medical Staff Member's Signature	t/02/04	Date
HSA - 9 (Rev. 5/97)		

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 52 of 60 c:\documents and settings\llewing\local settings\temp\31423606.tif printed by mivap. (Page 1 of 1)

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 06/03/2004 07:04 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION**

RECEIVEL

PART A: (To be completed by offender)	SICK CALL REQ	UESI		JUN 0 2 2004
		C	late: 06 - 01 -01	4 3011 0 £ 2004
Offender's Name: Perry Allen Aust	<u> </u>	Т	DCJ No. : 99941	<u>o</u>
Work Assignment:			Work Hours:	-
Wing No.: 12 BO 43	School Hours:			
Service needed: Medical Dental	□ Mental Health	□ Other:_		
Reason for Health Services Appointment:	MAY I PLEASE GET	MY MEDICAL	PASS RENEWED	FUR MY NEOPHREN
÷	ELBOW SLEEVE BANG	E THANK	YOU.	
How long have you had this problem?	Hours :		Days :	-
In accordance with state law, if this vis				
In accordance with state law, if this vising fund will be charged a \$3.00 copaymen regardless of my ability to pay this fee.	t fee. I also understand t	hat I will be pro		

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 53 of 60 c:\documents and settings\lewing\local settings\temp\30758257.tif printed by mivap. (Page 1 of 1)

Scanned by VICKERS, SUSAN L in facility POLUNSKY (formerly TERRELL) on 05/13/2004 09:36 SC - 006 TEXAS DEPARTMENT OF CRIMINAL JUSTICE **HEALTH SERVICES DIVISION** SICK CALL REQUEST Date: 05-11-04 MAI 16 2004 PART A: (To be completed by offender) Offender's Name: PERRY ALLEN AUSTIN TDCJ No.: 999410 Work Assignment: Work Hours: Wing No. 1280 43 School Hours: Service needed: Medical □ Dental ☐ Mental Health □ Other: for new alasses. Reason for Health Services Appointment: I need my eyes checked How long have you had this problem? In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel -- Do not write below this line) Medical Staff Member's Signature Date

HSA - 9 (Rev. 5/97)

c:\documents and settings\llewing\local settings\temp\30382801.tif printed by mivap. (Page 1 of 1)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Scanned by WARREN, MELINDA CCA in facility POLUNSKY (formerly TERRELL) on 05/03/2004 10:03

Medical Staff Member's Signature

HSA - 9 (Rev. 5/97)

HEALTH SERVICES DIVISION SICK CALL REQUEST Date: 05 -03-04 PART A: (To be completed by offender) Offender's Name: Perry Allen Austin TDCJ No. : 999410 Work Assignment: Work Hours: Wing No.: 12 BD 43 School Hours: □ Other: Service needed: Medical □ Dental □ Mental Health Reason for Health Services Appointment: 5tonzch problems still Days : Years How long have you had this problem? Hours In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee. Signature of Offender PART B: (To be completed by medical personnel -- Do not write below this line) Medical Reply:

Date

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 55 of 60 c:\documents and settings\lewing\local settings\temp\28706540.tif printed by mivap. (Page 1 of 1)

	POLUNSKY (formerly TERREL	
	HEALTH SERVICES SICK CALL RE	t i T
PART A: (To be completed by offende		Date: 03 - 11 - 24MAR 1 /-
Offender's Name: Perry Allen Au		TDCJ No. : 999410
Work Assignment: Unemployed		Work Hours:
Wing No.: 12 BD 43		
Samuian mandadi St Madiani 💢 Dar	etal	Other:
Reason for Health Services Appointme	nt: The Ranitidine does	, put work. Been taking it and Alaman over
	a year. Constant eve	en day burning pain.
How long have you had this problem?	Hours :	Days: Year)
		cc:tile
	nent fee. I also understand	cc: tile care copayment criteria, I understand that my trust that I will be provided access to health services
fund will be charged a \$3.00 copayn	nent fee. I also understand ee. <u>Recur</u> Decib Signature of Of	cc: tile care copayment criteria, I understand that my trust that I will be provided access to health services
fund will be charged a \$3.00 copayn regardless of my ability to pay this f	Lew Ounderstand Signature of Of	cc: tile care copayment criteria, I understand that my trust that I will be provided access to health services

Case 4:04-cy-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 56 of 60 c:\documents and settings\llewing\local settings\temp\27029720.tif printed by mivap. (Page 1 of 1)

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 01/20/2004 14:43

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)	Date: 01-20-04
Offender's Name: Perry Allen Austin	TDCJ No. : 999410
Work Assignment:	Work Hours:
Wing No.: 12 BO 43 School Hours:	
Service needed Medical □ Dental □ Mental Health	□ Other:
Reason for Health Services Appointment: Renaitiding doesn't work	never has commissary hasn't had Alamce in red dry patch on leg, peoling proriasis?
How long have you had this problem? Hours:	Days: Over a year
In accordance with state law, if this visit meets offender health care fund will be charged a \$3.00 copayment fee. I also understand that regardless of my ability to pay this fee. Signature of Offend	I will be provided access to health services
PART B: (To be completed by medical personnel Do not write below to Medical Reply:	this line)
TV/L)	
Medical Staff Member's Signature	Date
HSA - 9 (Rev. 5/97)	

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 57 of 60

c:\documents and settings\llewing\local settings\temp\23951287.tif printed by mivap. (Page 1 of 1)

Scanned by DUNN, ALMA J in facility POLUNSKY (formerly TERRELL) on 09/30/2003 15:41

I EXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION

HSA - 9 (Rev. 5/97)

Reva 9/28/03

	SICK CALL REQUEST	
PART A: (To be completed by offender)	-	Date: 09-16-03
Offender's Name: Pera, Allen Austi	0	TDCJ No. : 499410
Work Assignment:		Work Hours:
Wing No.: 12 80 43 Se	chool Hours:	
Service needed: ❤ Medical □ Dental	☐ Mental Health ☐ Ot	her:
Reason for Health Services Appointment: _	I need another lylend	Co 1. My other was taken when
Ę	I was on Death Watch.	
How long have you had this problem?	ours :	Days :
In accordance with state law, if this visit fund will be charged a \$3.00 copayment regardless of my ability to pay this fee.	for I also understand that I will be	
DADT D. (To be completed by medical and		
PART B: (To be completed by medical pers)
Medical Reply: Ssued &	whenel.	
11 4	in the kell	9-28-03
Medical Staff Member	er/s Signature	Date

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 58 of 60

Lab data imported from and Tests Performed by UTMB Laboratories Galveston, Tx 77555-0743 Telephone Number 800-LAB-2266

Patient Name : AUSTIN, PERRY,

Patient Id : 999410

Patient Phone:

Date of Birth: 06/23/1959

: --Sex : Male

Ordering

Physician

: *YOUNG

: POLUNSKY (formerly TERRELL) Facility

1202 FM 350 SOUTH LIVINGSTON TX 77351

Test Name Result ABN Unit Reference Range Flag

Accession: 0000428004057 Requistion: 29247566 Drawn:10/06/04 04:55 Received:10/06/04 22:18 Reported: 11/15/04 13:27

Procedure: MISC FROZE

HEPATITIS C RNA, Qual by PCR PERFORMED AT: ARUP, 500 Chipeta Way, Salt Lake

City, Utah 84108.

MISC TEST, FROZEN

TEST NAME RESULT UNITS H/LREFERENCE INTERVAL

HEPATITIS C RNA, Qual by PCR NEGATIVE

The specimen was NEGATIVE for Hepatitis C Viral RNA.

HCV RNA was not detected. This assay can detect down to 50 IU/mL (100 copies/mL). A negative result does not rule out the presence of PCR inhibitors in the patient specimen or RNA concentrations below the level of detection of the assay. False negatives can be caused by improper specimen

handling.

TEST INFORMATION: Hepatitis C RNA, Qual by PCR

Assay methodology is polymerase chain reaction (PCR)

using the FDA approved Roche Amplicor HCV Test,

version 2.0.

This test is performed pursuant to an agreement with

Roche Molecular Systems, Inc.

HEPATITIS C RNA, Qual by PCR PERFORMED AT: ARUP, 500 Chipeta Way, Salt Lake

City, Utah 84108.^

Low, H High, C Critical, * Abnormal Alpha

Print Date: 11/15/2004 13:40 Page: 1/1 This document has been sent for signature, but has not yet been reviewed

Case 4:04-cv-02387 Document 92-6 Filed in TXSD on 03/06/12 Page 60 of 60

DIANE E. JACKSON, FNP

PATIENT:

AUSTIN, PERRY A 3872 FM 350 SOUTH

LIVINGSTON, TX 77351

MRN:

999410

User:

JACKSON, DIANE E. FNP

HYDRODIURIL 25MG TABS

 Sig:
 1 x TABS ORAL DAILY

 Order Date:
 08/13/2011 16:42

 Start Date:
 08/13/2011 16:42

Auto Stop Date: 09/12/2011 16:42

Disp. #:

30 TABS

Refills:

11 Before: 09/12/2011 16:42

Allow Generic - No product selection indicated

Rx Written On: 08/13/2011

Prescription Electronically Signed by DIANE E. JACKSON, FNP